



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

IDRIS GHARBAOUT, MD

**Respondent Name**

STANDARD FIRE INSURANCE CO

**MFDR Tracking Number**

M4-14-3247-01

**Carrier's Austin Representative**

Box Number 05

**MFDR Date Received**

JUNE 26, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Theses codes show no CCI conflict with any of the other codes therefore, we find procedure codes 76000/26 and 29840 subject to payment."

**Amount in Dispute:** \$108.50

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The Carrier reviewed the billing and denied reimbursement on the basis of the Medicare edits because the documentation submitted with the billing did not support the charge for fluoroscopy. A review of the operative report submitted for the procedure at issue has no mention of fluoroscopy being utilized for the procedure, consequently there would be no need for the professional component of CPT code 76000."

**Response Submitted By:** Travelers

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 29, 2013	CPT Code 76000-26 Fluoroscopy	\$108.50	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, 33 *Texas Register* 364, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - W1-Workers compensation state fee schedule adjustment.
  - 97-Reimbursement is based on the physician fee schedule when a professional service was performed in the.
  - 904-NCCI comprehend/compt edit for X-ray codes 70000-79999.

- 5359-Per the NCCI Outpatient Code Editor, your services have been disallowed.
- CVTV-The charges have been priced in accordance to a Coventry owned contract.

### **Issues**

Is the allowance for code 76000-26 included in the allowance of another procedure performed on the disputed date of service? Is the requestor entitled to reimbursement?

### **Findings**

According to the submitted explanation of benefits, the respondent denied reimbursement for code 76000-26 based upon reason code "97."

28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

On the disputed date of service the requestor billed CPT codes 25825-RT, 25210-RT, 29840-RT, 64774-RT, 64774-59-RT, and 76000-26.

- CPT code 76000 is defined as "Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)."
- Modifier 26 –Professional Component is defined as "Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number."

28 Texas Administrative Code §134.203(b)(1) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Per CCI edits, CPT code 76000 is a component of code 29840; however, a modifier is allowed to differentiate the service. The requestor appended modifier "26" to code 76000. This modifier's code description does not differentiate it from the more comprehensive code 29840; therefore, the respondent's denial of payment based upon reason code "97" is supported. As a result, reimbursement is not recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

02/26/2015  
\_\_\_\_\_  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**